

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032611

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 431

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 6 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b 63 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital		d. STREET ADDRESS (If outside, give location) 2604 E. 7th Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle B. Last JOHNSON		4. DATE OF DEATH Month September Day 3, Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1877
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Public Accountant	
11. BIRTHPLACE (City and state or country) Booneville, Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Johnson		13b. MOTHER'S MAIDEN NAME Mary A. Hennenway	
14. NAME OF HUSBAND OR WIFE Lynne (Powell) Johnson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Lynne Johnson, 2604 E. 7th Street	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Endocardial Thrombosis DUE TO (c) Coronary Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 m med 10 Days 10 Days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8-24-63 to 9-3-63 and last saw him alive on 9-3-63 Death occurred at 8:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Martin MD		22b. ADDRESS 8827th St., Joplin MO	
22c. DATE SIGNED 9/3/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 9-6-1963		23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons,	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. DATE RECD. BY LOCAL REG. 9-4-1963	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ ^{was not embalmed} by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert R. Young

Licensed Embalmer No.

5193

P. O. Address

Frederick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.